

To: Behavioral Health Stakeholders

From: Secretary Kari Bruffett

Date: May 14, 2015

Re: **Potential Moratorium Guidelines for Admissions to Osawatomie State Hospital (OSH) and OSH Temporary Census Diversion Funds (OTCDF)**

Pursuant to KSA 59-2968, the Secretary of the Kansas Department for Aging and Disability Services (KDADS) is authorized to declare a moratorium on admissions to a state psychiatric hospital. Due to remedial construction, a moratorium may be declared at the Osawatomie State Hospital (OSH) any time the hospital is expected to exceed a maximum census of 146 patients. If a moratorium is declared, the following statute would apply to admissions at OSH.

(b) No patient shall be admitted to a state psychiatric hospital pursuant to any of the provisions of this act, including any court-ordered admissions, if the secretary has notified the Supreme Court of the State of Kansas and each district court which has jurisdiction over all or part of the catchment area served by a state psychiatric hospital, that the census of a particular treatment program of that state psychiatric hospital has reached capacity and that no more patients may be admitted. Following notification that a state psychiatric hospital program has reached its capacity and no more patients may be admitted, any district court which has jurisdiction over all or part of the catchment area served by that state psychiatric hospital, and any participating mental health center which serves all or part of that same catchment area, may request that patients needing that treatment program be placed on a waiting list maintained by that state psychiatric hospital.

Throughout the period that a moratorium is in effect, OSH will maintain a maximum census of 146 patients.

Throughout the period that a moratorium is in effect, a district court or Community Mental Health Center (CMHC) serving the OSH catchment area may request that an individual be placed on a waiting list for involuntary admission. Whenever the census at OSH drops below 146, an admission will be arranged with a court or CMHC according to the chronological order in which individuals were entered on the waiting list maintained by the hospital. If there is no one on the waiting list, OSH may admit the next individual who meets the criteria as set forth in the triage process described in this document.

Throughout the period a moratorium is in effect, OSH will not admit voluntary patients unless there is no one on the waiting list and the census drops below 131. Individuals with third-party payer sources shall not be admitted on a voluntary basis unless all community hospitals with inpatient psychiatric units and other community resources have been exhausted or deemed not appropriate to meet the level of care and treatment needed.

## **How to Access OTCDF Funds**

These funds are one-time funds appropriated to temporarily assist with OSH census diversion during construction on patient units. These funds are only to pay for individuals who meet the definitions of KSA 59-2968 of Mentally Ill Person and require inpatient psychiatric treatment and who, if not for the construction, would otherwise be admitted to OSH. In addition, these funds are reserved for individuals who have no third-party payer.

In an effort to avoid the necessity of declaring a moratorium on admissions, and in the event that a moratorium is declared, KDADS may authorize the use of funds to pay for the care and treatment of individuals at a facility other than OSH. In order to use OTCDF, an individual must meet the definition of a mentally ill person as defined by law in accordance with the procedure set forth in this document.

### **If a moratorium has not been declared.**

In an effort to partner with the CMHCs, and prior to the declaration of a moratorium, KDADS may allow the use of (OTCDF) funds starting May 22<sup>nd</sup> and continue while remedial construction is occurring. Funds may be offered for individuals after a triage process between OSH and a CMHC has determined that the person being evaluated meets the definition of a mentally ill person as defined by law and would otherwise be admitted to OSH. After the triage process, OSH will notify Kansas Health Solutions (KHS) to authorize OTCDF fund expenditures if the hospital's 24/7 admissions staff agrees that the above criteria have been met.

If the hospital's 24/7 triage staff concludes that the person being evaluated does not meet the definition of a mentally ill person as defined by law or would not otherwise be admitted to OSH, fund expenditures will not be authorized. However, either the CMHC or OSH may request that the triage decision be reviewed by a clinician in KDADS Central Office the next business day. A determination will be communicated to OSH and the CMHC within one (1) business day of the request to review the admission status. The Central Office reviewer may discuss the triage decision and the individual's needs with the CMHC, OSH, or both as part of the review process. The hospital recommendation will be held until a final decision is reached by the Central Office clinician.

### **If a moratorium has been declared.**

In an effort to partner with CMHCs after a moratorium has been declared, KDADS may allow the use of OTCDF in lieu of admission to OSH while remedial construction is occurring. Funds may be offered for individuals after a triage process between OSH and a CMHC has determined that the person being evaluated meets the definition of a mentally ill person as defined by law and would otherwise be admitted to OSH. After the triage process, OSH will notify KHS to authorize OTCDF fund expenditures if the hospital's 24/7 triage staff agrees that the above criteria have been met.

If the hospital's 24/7 triage staff concludes that the person being evaluated does not meet the definition of a mentally ill person as defined by law or would not otherwise be admitted to OSH, fund expenditures will not be authorized. However, either the CMHC or OSH may request that the triage decision be reviewed by a clinician in KDADS Central Office the next business day. A determination will be communicated to OSH and the CMHC within one (1) business day of the review request. The Central Office reviewer may discuss the triage decision and the individual's needs with the CMHC, OSH, or both as part of the review process. The hospital recommendation will be held until a final decision is reached by the Central Office clinician.

*Please Note: Nothing in this policy statement shall preclude OSH from admitting an individual who meets the definition of a mentally ill person as defined by law if, in the opinion of the 24/7 admissions staff, the hospital has available accommodations to meet the individual's needs.*

### **Reimbursable Services\***

Inpatient hospital beds to include geropsychiatric beds- up to 7 days

Crisis Stabilization Services - up to 72 hours

24 hour structured care environment- up to 30 days

Social Detox - up to 7 days

Sobering beds- an average of 6-8 hours

Intermediate SUD beds- up to 14 days

Reintegration beds- up to 30 days

\*These lengths of time are the initial approval period. If an individual requires additional days a utilization review process between KHS, CMHC and OSH shall occur to review for continued medical necessity.

### **Administration/Operational procedures**

After a triage with OSH and the CMHC, OSH will send the completed triage form to KHS. KHS will work with the CMHC to locate and authorize appropriate services for the individual according to length of stay as set forth in this policy statement. Utilization Review (UR) to approve additional length of stay (LOS) shall be done through a triage process with the CMHC, OSH and the provider to ensure the individual still meets the criteria for accessing the OTCDF funds. KHS will provide weekly utilization reports to KDADS as well as any additional reports requested. Any disputes between OSH, CMHC, and KHS will be reviewed by KDADS Clinical Staff within one business day.